

9778

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		SOCIAL SECURITY NO. <u>None</u>		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. <u>108</u>	
1. PLACE OF DEATH		County <u>Graham</u>		State <u>ARIZONA</u>		Registered No. <u>31</u>			
Township		City		or Village <u>Pima</u>					
(If death occurred in a hospital or institution, give its NAME instead of street and number)		No.		St.		Ward			
Length of residence in city or town where death occurred		yrs.		mos.		ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME <u>Anna E. Packer</u>		How long in State when death occurred		yrs.		mos.		ds.	
(a) Residence: <u>Pima</u>		(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William E. Packer</u>									
6. DATE OF BIRTH (month, day, and year) <u>Dec 24-1884</u>									
7. AGE		Years <u>73</u>		Months <u>2</u>		Days <u>25</u>		If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Black Smith</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (State or Country) <u>Bayamon City, Puerto Rico</u>									
MOTHER FATHER		13. NAME <u>Jonathan Packer</u>							
14. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>									
15. MAIDEN NAME <u>Christa Sweeney</u>									
16. BIRTHPLACE (city or town) (State or Country) <u>Cape Cod, Massachusetts</u>									
17. INFORMANT <u>F. C. Packer</u> (Address) <u>Pima</u>									
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima</u> Date <u>Mar 24, 1940</u>									
19. EMBALMER { License No. Signature <u>H. E. Rawson</u> Address <u>Safford</u>									
20. FUNERAL DIRECTOR { Signature <u>J. W. Harris</u> Address <u>Safford</u>									
21. DATE OF DEATH (month, day, and year) <u>Mar 19, 1940</u>									
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 28, 1940</u> to <u>March 18, 1940</u>									
I last saw h. alive on <u>Mar 18, 1940</u> ; death is said to have occurred on the date stated above, at <u>5:00</u> p.m.									
The principal cause of death and related causes of importance were as follows:		Date of Onset							
<u>Cerebral hemorrhage of R. lobe &amp; posterior</u>									
Other contributory causes of importance:									
<u>Injury by fall 4 1/2 years ago</u>									
Name of operation		Date of							
What test confirmed diagnosis? Was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? Date of injury		19							
Where did injury occur? (Specify city or town, county and State)									
Specify whether injury occurred in industry, in home, or in public place									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased?									
If so, specify									
(Signed) <u>J. W. Harris</u> (Address) <u>Safford, Ariz</u>									
Registrar									